RELEASE FORM CITY OF NORTH MIAMI PARKS AND RECREATION DEPARTMENT PLEASE PRINT

						~				
Registration Dat				T a =4 37		Sex:			Male	
			Last Name:							
			Apt Work Phone()							
			_ N. Miami Resident? Ye							
Activity:			AIVER FOR MINORS (BY AD							
egardless of whether he City, and I do one reafter arising out the negligence of the ny physician and/one ssumes no response	er such injury covenant to it t of any injur- ne City or by to or to arrange to sibility to do or, the likeness r unknown) w	is caused in ademnify, he to said chil he negligence for transportation. I also a , image, narrorldwide.	stained while upon said facilities whole or in part by the negligen old harmless and defend the Cit d or to myself regardless of who ce of the agents, servants or empation to a hospital, in the event authorize the City to depict for me, and/or signature of me or in	ce of the y, its ager ther such loyees of of any in any purpony child i	City or by the neg nts, servants or e injury to said ch the City. I herel jury to said child ose, without payin	gligence of themployees from the individual of the mysel of the individual of the in	ne agents, many clasself is cause for the City lthough I clon to me appearing	servants or im, damag ed in whole y of North understand e, my child, ng in any a	employees of the control of the cont	
rance of the	arcing Gauran					or M.O. #	-			
)										
				Receive	ed by:					
Registration Dat						Sex:	□ F €	emale [Male	
			Last Name:							
Address			Apt		-	-				
Home Phone(Eme					
Date of Birth:	_//_	_ Age:	_ N. Miami Resident? Ye	s No_	School					
Emergency Cont	tact Person:				Phone()				
Comments:										
Activity:					Session	n:				
Department, I herehonyself or said child egardless of whether he City, and I do dereafter arising out the negligence of the ny physician and/oussumes no response	by waive any d, which said er such injury covenant to in t of any injury ene City or by to arrange sibility to do to, the likeness	as the paren- claim agains injury is sus is caused in idemnify, ho to said chil he negligence for transporta so. I also a , image, nar	at or guardian of a minor child p at the City of North Miami (City stained while upon said facilities whole or in part by the negligen old harmless and defend the Cit and or to myself regardless of who are of the agents, servants or emp ation to a hospital, in the event authorize the City to depict for me, and/or signature of me or n	articipatin) and its a s, participate of the y, its agenether such loyees of of any in any purpo	ag in activities or agents, servants a ating in said activ City or by the neg nts, servants or e injury to said ch the City. I herel jury to said child ose, without payin	using any fac and employees vities or being gligence of the employees fro- ild or to myse by authorize fall or myself, a ng compensat	s, hereafter g transport ne agents, m any cla elf is cause for the City lthough I ion to me	r arising from ted therefrom the ted therefrom the servants or the time, damaged in whole by of North understander, my child,	om injuries tom or theretory employees of the desire or in part be Miami to call that the Cit, or any other	
Print Name of Pa	rent/Guardia	ın		•	re of Parent/Gu		-			
<u> </u>				☐ Cash ☐ Check or M.O. #						

Received by:_____